

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2009

through

08

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

09

25

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY WAS REPORTED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy. *** Barney Keller - offset to operations -\$468.20 - was for COBRA health-insurance coverage reimbursement (paid to Blue Cross Blue Shield) for former employee **

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M M
0 8D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 8D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		22603.34
(b) Cash on Hand at Beginning of Reporting Period	59271.92	
(c) Total Receipts (from Line 19)	35362.53	448408.94
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94634.45	471012.28
7. Total Disbursements (from Line 31)	54958.81	431336.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39675.64	39675.64
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	8231.52	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	8	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	16540.33	307009.98
(ii) Unitemized	16354.00	112173.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	32894.33	419182.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	2000.00	17300.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34894.33	436482.99
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	468.20	11925.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	35362.53	448408.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35362.53	448408.94

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	45831.29	345619.59	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	45831.29	345619.59	
22. Transfers to Affiliated/Other Party Committees.....	0.00	5000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	103.31	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	235.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	235.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	9127.52	80378.74	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	9127.52	80378.74	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54958.81	431336.64	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54958.81	431336.64	

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	34894.33	436482.99
34. Total Contribution Refunds (from Line 28(d))	0.00	235.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34894.33	436247.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	45831.29	345619.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	468.20	11925.95
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45363.09	333693.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Thomas Barker

Mailing Address 437 Marlborough Street, #11

City

Boston

State

MA

Zip Code

02115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90817.C174925

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Bertucci

Mailing Address 50 Hill St.

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: 90915.C175275

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Roger Bradford

Mailing Address 22 Burlington St.

City

Lexington

State

MA

Zip Code

02420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kinefac Corporation

Occupation

Corporate Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: 90915.C175187

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Patrick Brennan

Mailing Address 225 Northern Ave, Apt. PH06

City

Boston

State

MA

Zip Code

02210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Feeley & Driscoll

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90817.C174897

Amount of Each Receipt this Period

30.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William Carnes

Mailing Address 251 Cox Street

City

Hudson

State

MA

Zip Code

01749-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raytheon

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C175022

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Danny Catana

Mailing Address 16 Marcella St. Apt. 1

City

Cambridge

State

MA

Zip Code

02141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Malden Police Department

Occupation
police officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: 90915.C175107

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Danny Catana

Mailing Address 16 Marcella St. Apt. 1

City

Cambridge

State

MA

Zip Code

02141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Malden Police Department

Occupation
police officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 9

Transaction ID: 90915.C175397

Amount of Each Receipt this Period

225.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Lawrence Cohn

Mailing Address 45 Single Tree Road

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brigham & Womens Hospital

Occupation
Cardiac Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1761.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C175057

Amount of Each Receipt this Period

511.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Brian Cote

Mailing Address 281 Ashburnham Hill Road

City

Fitchburg

State

MA

Zip Code

01420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C175033

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

936.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barbara Ebert

Mailing Address 16 Brewster Road

City

Wayland

State

MA

Zip Code

01778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C174932

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Lois Edgerly

Mailing Address 32 Highland St

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: 90915.C175168

Amount of Each Receipt this Period

125.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jeanie Falcone

Mailing Address 80 Hancock Ave.

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: 90915.C175165

Amount of Each Receipt this Period

730.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Jeanie Falcone

Mailing Address 80 Hancock Ave.

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: 90915.C175192

Amount of Each Receipt this Period

90.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richard Frye

Mailing Address 9 Albee Drive

City

Braintree

State

MA

Zip Code

02184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C175075

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard Greeley

Mailing Address 187 Holmes Street

City

Halifax

State

MA

Zip Code

02338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greeleys Oil Co. Inc

Occupation

Driver/Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 90817.C175087

Amount of Each Receipt this Period

160.00

Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Richard Greeley

Mailing Address 187 Holmes Street

City

Halifax

State

MA

Zip Code

02338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greeleys Oil Co. Inc

Occupation

Driver/Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 90817.C175078

Amount of Each Receipt this Period

350.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William Harris

Mailing Address PO Box 207

City

Duxbury

State

MA

Zip Code

02331

FEC ID number of contributing
federal political committee.

C

Name of Employer
WH Cornerstone Investments

Occupation

Certified Financial Planner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: 90915.C175194

Amount of Each Receipt this Period

105.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Yvonne Hebert

Mailing Address 29 Merriam Pkwy
Apt 606

City

Fitchburg

State

MA

Zip Code

01420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 90915.C175240

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street

City

Quincy

State

MA

Zip Code

02170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 90915.C175155

Amount of Each Receipt this Period

70.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Stephen Jeffries

Mailing Address 12 Brimmer St.

City

Boston

State

MA

Zip Code

02108-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.B. Jeffries Consultants

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 90915.C175154

Amount of Each Receipt this Period

208.33

Receipt

C.

Full Name (Last, First, Middle Initial)

Amy Kelly

Mailing Address 157 Rice Road

City

Quincy

State

MA

Zip Code

02170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2435.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90817.C174905

Amount of Each Receipt this Period

60.00

Receipt

SUBTOTAL of Receipts This Page (optional)

338.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Michael Kennealy

Mailing Address 4 Brent Rd.

City

Lexington

State

MA

Zip Code

02420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90817.C174912

Amount of Each Receipt this Period

30.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Matthew Keswick

Mailing Address 231 Victory Road

City

North Quincy

State

MA

Zip Code

02171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keswick Consulting

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90817.C174914

Amount of Each Receipt this Period

140.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Elizabeth Mahoney

Mailing Address 37 Channing Road

City

Watertown

State

MA

Zip Code

02472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Free and Strong America
PAC

Occupation

Politics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C175065

Amount of Each Receipt this Period

30.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Manderino

Mailing Address 75 Meadowbrook Rd.

City

Hanover

State

MA

Zip Code

02339

FEC ID number of contributing
federal political committee.

C

Name of Employer
BubleByte

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90817.C174923

Amount of Each Receipt this Period

1.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Peter Manderino

Mailing Address 75 Meadowbrook Rd.

City

Hanover

State

MA

Zip Code

02339

FEC ID number of contributing
federal political committee.

C

Name of Employer
BubleByte

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90817.C174900

Amount of Each Receipt this Period

30.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John McDonnell

Mailing Address 11161 NW 24th Street

City

Pompano Beach

State

FL

Zip Code

33065

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Patron Spirits Company

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: 90915.C175542

Amount of Each Receipt this Period

500.00

In-Kind

In-kind donations of phot-
ography for party related
fundraisi

SUBTOTAL of Receipts This Page (optional)

531.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John McDonnell

Mailing Address 11161 NW 24th Street

City

Pompano Beach

State

FL

Zip Code

33065

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Patron Spirits Company

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5620.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: 90915.C175164

Amount of Each Receipt this Period

3120.00

In-Kind

J. McDonnell, in-kind don-
ation of catering for par-
ty related

B.

Full Name (Last, First, Middle Initial)

Amy McGuire Kates

Mailing Address PO Box 1090

City

Cotuit

State

MA

Zip Code

02635

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Compan

Occupation
Life Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C175017

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Christy Mihos

Mailing Address 63 Smiths Point
DO NOT MAIL-

City

Yarmouth

State

MA

Zip Code

02673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christys Markets, Inc.

Occupation
Corporate Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C175032

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8220.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert C. Murray

Mailing Address 173 Dedham St

City

Canton

State

MA

Zip Code

02021

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPRR

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C175039

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Chanel Prunier

Mailing Address 43 Shirley Road

City

Shrewsbury

State

MA

Zip Code

01545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90817.C174904

Amount of Each Receipt this Period

60.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Chanel Prunier

Mailing Address 43 Shirley Road

City

Shrewsbury

State

MA

Zip Code

01545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: 90915.C175103

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Racho

Mailing Address 395 Linebrook Road

City

Ipswich

State

MA

Zip Code

01938

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Galt Staffing, Inc

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 90915.C175156

Amount of Each Receipt this Period

75.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frederick Randall

Mailing Address 10 Miscoe Hill Rd.

City

Upton

State

MA

Zip Code

01568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: 90915.C175276

Amount of Each Receipt this Period

110.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Elizabeth Robertson

Mailing Address 9 Spruce Park

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Heart Association

Occupation
Bequest Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 90915.C175407

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Michael Ruetters

Mailing Address 453 Bedford Road
DO NOT CALL

City State Zip Code
 Carlisle MA 01741

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMC

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 9

Transaction ID: 90915.C175403

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Stephen Russo

Mailing Address 23 Wendell St.

City State Zip Code
 Winchester MA 01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambridge Health Alliance

Occupation
Medical Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 6 / 2 0 0 9

Transaction ID: 90817.C174895

Amount of Each Receipt this Period

210.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Brett Schetzle

Mailing Address 423 Essex St

City State Zip Code
 Beverly MA 01915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Procter & Gamble

Occupation
Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C175089

Amount of Each Receipt this Period

30.00

Receipt

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 20 / 49

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brett Schetzle

Mailing Address 423 Essex St

City

Beverly

State

MA

Zip Code

01915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Procter & Gamble

Occupation
Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 90915.C175153

Amount of Each Receipt this Period

35.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Sivoilella

Mailing Address 85 Monadnock Rd.

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Academic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C175000

Amount of Each Receipt this Period

125.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Sivoilella

Mailing Address 85 Monadnock Rd.

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Academic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: 90817.C174999

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Alice Stamatis

Mailing Address 74 Pine Hill Blvd.

City

Mashpee

State

MA

Zip Code

02649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 9

Transaction ID: 90915.C175381

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

James Terrell

Mailing Address 1950 Commonwealth Ave.
Apt. #44

City

Boston

State

MA

Zip Code

02135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mass Dept. of Early Educa-
tion

Occupation
Program Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 90915.C175142

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Henry Weaver

Mailing Address 37 Baskin Rd.

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 90915.C175143

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Richard Wheeler

Mailing Address 102 Princeton Road

City

Brookline

State

MA

Zip Code

02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 90817.C174898

Amount of Each Receipt this Period

30.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jane Winchester

Mailing Address 18 Meadow Lane

City

Greenfield

State

MA

Zip Code

01301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: 90915.C175179

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Katherine Winter

Mailing Address 10 Marlborough St.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 90915.C175413

Amount of Each Receipt this Period

55.00

Receipt

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 23 / 49

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Michael Yaremchuk

Mailing Address 15 Smith Farm Trail

City

Lynnfield

State

MA

Zip Code

01940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Plastic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: 90915.C175261

Amount of Each Receipt this Period

110.00

Receipt

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

16540.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 49

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Duane Morris Government Comm PAC

Mailing Address 30 South 17th Street

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAC

Occupation

FEC # C00364133

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: 90915.C175209

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 49

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City

Belmont

State

MA

Zip Code

02478-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lazio 2010 Inc.

Occupation

Communications

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

936.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	9	

Transaction ID: 90915.C175115

Amount of Each Receipt this Period

468.20

Offsets to Operating Expe-
nditu

SUBTOTAL of Receipts This Page (optional)

468.20

TOTAL This Period (last page this line number only)

468.20

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement
Payment of debt for direct mail - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11526

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

32.49

PAYMENT OF DEBT FOR DIRECT
MAIL - PARTY RELATED NON
FEA

B.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement
Payment of debt for direct mail - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11524

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

122.55

PAYMENT OF DEBT FOR DIRECT
MAIL - PARTY RELATED NON
FEA

C.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement
Payment of debt for direct mail - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11525

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

328.84

PAYMENT OF DEBT FOR DIRECT
MAIL - PARTY RELATED NON
FEA

SUBTOTAL of Disbursements This Page (optional)

483.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement

Payment of debt for direct mail - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11527

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

1916.25

PAYMENT OF DEBT FOR DIRECT
MAIL - PARTY RELATED NON
FEA

B.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement

Payment of debt for direct mail - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11528

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

219.34

PAYMENT OF DEBT FOR DIRECT
MAIL - PARTY RELATED NON
FEA

C.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement

Payment of debt for direct mail - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11529

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

880.53

PAYMENT OF DEBT FOR DIRECT
MAIL - PARTY RELATED NON
FEA

SUBTOTAL of Disbursements This Page (optional)

3016.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield of Massachusetts

Mailing Address Landmark Center
401 Park Drive

City Boston State MA Zip Code 02215-

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90915.E11530

Date of Disbursement

08 / 19 / 2009

Amount of Each Disbursement this Period

2632.68

HEALTH INSURANCE

B. Full Name (Last, First, Middle Initial)
Byte Bulb

Mailing Address The Trimount Company, Inc.
75 Meadowbrook RD.

City Hanover State MA Zip Code 02339-

Purpose of Disbursement
Party related website development

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90915.E11507

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

2616.67

PARTY RELATED WEBSITE DEV-
ELOPMENT

C. Full Name (Last, First, Middle Initial)
Css Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City Boston State MA Zip Code 02127-

Purpose of Disbursement
Rent for Storage Unit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90915.E11545

Date of Disbursement

08 / 28 / 2009

Amount of Each Disbursement this Period

339.00

RENT FOR STORAGE UNIT

SUBTOTAL of Disbursements This Page (optional)

5588.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

FLS Connect

Mailing Address 7300 Hudson Blvd. Ste

City
Saint Paul

State
MN

Zip Code
55128-

Purpose of Disbursement
party related telemarket fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11537

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PARTY RELATED TELEMARKET FUNDRAISING

B.

Full Name (Last, First, Middle Initial)

Keswick Consulting

Mailing Address 231 Victory Road

City
Quincy

State
MA

Zip Code
02171-

Purpose of Disbursement
Political Consulting Fee - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11535

Date of Disbursement

/ /

Amount of Each Disbursement this Period

POLITICAL CONSULTING FEE - PARTY RELATED NON FEA

C.

Full Name (Last, First, Middle Initial)

Keswick Consulting

Mailing Address 231 Victory Road

City
Quincy

State
MA

Zip Code
02171-

Purpose of Disbursement
Political Consulting Fee - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11550

Date of Disbursement

/ /

Amount of Each Disbursement this Period

POLITICAL CONSULTING FEE - PARTY RELATED NON FEA

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) DirecTV DirecTV	Transaction ID: 90915.E11508 Date of Disbursement																				
Mailing Address PO Box 60036	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	9												
City Los Angeles State CA Zip Code 90060-0036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cable Service	<table border="1"> <tr> <td colspan="10">46.99</td> </tr> </table>	46.99																			
46.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ CABLE SERVICE																				
B. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90915.E11509 Date of Disbursement																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	9												
City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Express Mail	<table border="1"> <tr> <td colspan="10">35.16</td> </tr> </table>	35.16																			
35.16																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ EXPRESS MAIL																				
C. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90915.E11533 Date of Disbursement																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	9												
City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Express Mail	<table border="1"> <tr> <td colspan="10">9.08</td> </tr> </table>	9.08																			
9.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ EXPRESS MAIL																				

SUBTOTAL of Disbursements This Page (optional)

91.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
Express Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11546

Date of Disbursement

/ /

Amount of Each Disbursement this Period

66.35

EXPRESS MAIL

B.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office
1 Liberty Square

City
Boston

State
MA

Zip Code
02109-

Purpose of Disbursement
Dental Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11506

Date of Disbursement

/ /

Amount of Each Disbursement this Period

197.81

DENTAL INSURANCE

C.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Reimbursement See Below:

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90916.E11563

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.00

REIMBURSEMENT SEE BELOW:

SUBTOTAL of Disbursements This Page (optional)

288.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 49

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Reimbursement See Below:

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90916.E11560

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

REIMBURSEMENT SEE BELOW:

B.

Full Name (Last, First, Middle Initial)

Worcester Tornadoes

Mailing Address 303 Main Street

City
Worcester

State
MA

Zip Code
01608-

Purpose of Disbursement
L.Jones Reimbursement for tickets for fundraising event non-fea party related

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90916.E11564

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

MEMO: L.JONES REIMBURSEMENT FOR TICKETS FOR FUNDRAISING EVENT NON-FEA PARTY RELATED

C.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Reimbursement See Below:

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90916.E11562

Date of Disbursement

/ /

Amount of Each Disbursement this Period

88.00

REIMBURSEMENT SEE BELOW:

SUBTOTAL of Disbursements This Page (optional)

138.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 49

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lowell Spinners

Mailing Address 450 Aiken Street

City State Zip Code
Lowell MA 01854-

Purpose of Disbursement
L.Jones Reimbursement for tickets for fundraising event non-fea party related

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90916.E11566

Date of Disbursement

/ /

Amount of Each Disbursement this Period

88.00

[MEMO ITEM]

MEMO: L.JONES REIMBURSEMENT FOR TICKETS FOR FUNDRAISING EVENT NON-FEA PARTY RELATED

B.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City State Zip Code
Quincy MA 02170-

Purpose of Disbursement
Reimbursement See Below:

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90916.E11561

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.00

REIMBURSEMENT SEE BELOW:

C.

Full Name (Last, First, Middle Initial)

Brockton Rox

Mailing Address Campanelli Stadium
1 Feinberg Way

City State Zip Code
Brockton MA 02301-

Purpose of Disbursement
L.Jones Reimbursement for tickets for fundraising event non-fea party related

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90916.E11565

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.00

[MEMO ITEM]

MEMO: L.JONES REIMBURSEMENT FOR TICKETS FOR FUNDRAISING EVENT NON-FEA PARTY RELATED

SUBTOTAL of Disbursements This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement
Reimbursement for parking food and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11548

Date of Disbursement

08 / 28 / 2009

Amount of Each Disbursement this Period

136.00

REIMBURSEMENT FOR PARKING
FOOD AND TRAVEL

B.

Full Name (Last, First, Middle Initial)

Vintage Lounge

Mailing Address 72 Broad Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Cost of food for event fundraiser party related non-fea

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11513

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

2037.64

COST OF FOOD FOR EVENT FU-
NDRaiser Party Related NO-
N-FEA

C.

Full Name (Last, First, Middle Initial)

Boston Marriott Newton

Mailing Address 2345 Commonwealth Ave.

City Newton State MA Zip Code 02466-

Purpose of Disbursement
Catering and room rental for State Committee Meeting - non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11549

Date of Disbursement

08 / 28 / 2009

Amount of Each Disbursement this Period

990.58

CATERING AND ROOM RENTAL
FOR STATE COMMITTEE MEETI-
NG - NON FEA

SUBTOTAL of Disbursements This Page (optional)

3164.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John McDonnell

Mailing Address 11161 NW 24th Street

City Pompano Beach State FL Zip Code 33065-

Purpose of Disbursement
In-kind donations of photography for party related fundraising event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.C175542IK

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

500.00

IN KIND: IN-KIND DONATIONS
OF PHOTOGRAPHY FOR PARTY
RELATED FUNDRAISING EVENT

B.

Full Name (Last, First, Middle Initial)

John McDonnell

Mailing Address 11161 NW 24th Street

City Pompano Beach State FL Zip Code 33065-

Purpose of Disbursement
J. McDonnell in-kind donation of catering for party related fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.C175164IK

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

3120.00

IN KIND: J. MCDONNELL IN-
KIND DONATION OF CATERING
FOR PARTY RELATED FUNDRAI-
SER

C.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11556

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

389.93

CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)

4009.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement
Copier Equipment Lease

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11534

Date of Disbursement

08 / 19 / 2009

Amount of Each Disbursement this Period

1529.23

COPIER EQUIPMENT LEASE

B. Full Name (Last, First, Middle Initial)
Omni Parker House

Mailing Address 60 School Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
Event Deposit party related non-fea

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11554

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

400.00

EVENT DEPOSIT PARTY RELAT-
ED NON-FEA

C. Full Name (Last, First, Middle Initial)
Ox-Eye Properties

Mailing Address c/o Massey & Co.
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Rent and Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11551

Date of Disbursement

08 / 28 / 2009

Amount of Each Disbursement this Period

4877.88

RENT AND UTILITIES

SUBTOTAL of Disbursements This Page (optional)

6807.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90915.E11518 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	9												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Tax	<table border="1"> <tr> <td colspan="10">1846.28</td> </tr> </table>	1846.28																			
1846.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL TAX																					
B. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90915.E11522 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	0	9												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Fee	<table border="1"> <tr> <td colspan="10">243.20</td> </tr> </table>	243.20																			
243.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL FEE																					
C. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90915.E11543 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Tax	<table border="1"> <tr> <td colspan="10">1844.68</td> </tr> </table>	1844.68																			
1844.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL TAX																					

SUBTOTAL of Disbursements This Page (optional)

3934.16

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Paypal Paypal			Transaction ID: 90915.E11544 Date of Disbursement MM / DD / YYYY 08 / 27 / 2009	
	Mailing Address 12312 Port Grace Blvd			Amount of Each Disbursement this Period 56.42 CREDIT CARD FEE	
	City La Vista	State NE	Zip Code 68128-		
	Purpose of Disbursement Credit Card Fee	Category/ Type			
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) Poland Spring Poland Spring			Transaction ID: 90915.E11511 Date of Disbursement MM / DD / YYYY 08 / 04 / 2009	
	Mailing Address Processing Center PO Box 52271			Amount of Each Disbursement this Period 78.57 BOTTLED WATER	
	City Phoenix	State AZ	Zip Code 85072-		
	Purpose of Disbursement Bottled Water	Category/ Type			
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Boston Postmaster			Transaction ID: 90915.E11552 Date of Disbursement MM / DD / YYYY 08 / 28 / 2009	
	Mailing Address JW MCCORMACK STATION New Chardon Street			Amount of Each Disbursement this Period 1300.00 NON-FEA PARTY RELATED POS- TAGE	
	City Boston	State MA	Zip Code 02114-		
	Purpose of Disbursement Non-FEA Party Related Postage	Category/ Type			
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

1434.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Boston Postmaster

Mailing Address JW MCCORMACK STATION
New Chardon Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Non-FEA Party Related Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11555

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

50.00

NON-FEA PARTY RELATED POS-
TAGE

B.

Full Name (Last, First, Middle Initial)

Brockton Rox

Mailing Address Campanelli Stadium
1 Feinberg Way

City Brockton State MA Zip Code 02301-

Purpose of Disbursement
Deposit for tickets for fundraising event non-fea

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90916.E11568

Date of Disbursement

08 / 06 / 2009

Amount of Each Disbursement this Period

375.00

DEPOSIT FOR TICKETS FOR
FUNDRAISING EVENT NON-FEA

C.

Full Name (Last, First, Middle Initial)

Brockton Rox

Mailing Address Campanelli Stadium
1 Feinberg Way

City Brockton State MA Zip Code 02301-

Purpose of Disbursement
Tickets for event fundraiser party related non-fea

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11523

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

760.00

TICKETS FOR EVENT FUNDRAI-
SER PARTY RELATED NON-FEA

SUBTOTAL of Disbursements This Page (optional)

1185.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lowell Spinners

Mailing Address 450 Aiken Street

City
Lowell

State
MA

Zip Code
01854-

Purpose of Disbursement

Cost of tickets for fundraising event party related non-fea

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90915.E11519

Date of Disbursement

/ /

Amount of Each Disbursement this Period

349.00

**COST OF TICKETS FOR FUNDR-
AISING EVENT PARTY RELATED
NON-FEA**

B.

Full Name (Last, First, Middle Initial)

Sprint/Nextel

Mailing Address PO Box 17990

City
Denver

State
CO

Zip Code
80217-

Purpose of Disbursement

Cell Phone

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90915.E11512

Date of Disbursement

/ /

Amount of Each Disbursement this Period

91.32

CELL PHONE

C.

Full Name (Last, First, Middle Initial)

Public Opinion Strategies

Mailing Address 277 South Washington Street, Suite

City
Alexandria

State
VA

Zip Code
22314-

Purpose of Disbursement

party related polling

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90915.E11538

Date of Disbursement

/ /

Amount of Each Disbursement this Period

670.60

PARTY RELATED POLLING

SUBTOTAL of Disbursements This Page (optional)

1110.92

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Direct Mail Systems

Mailing Address 12450 Automobile Boulevard

City
ClearwaterState
FLZip Code
33762-Purpose of Disbursement
direct mail non-fea party related

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90915.E11557

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	9

Amount of Each Disbursement this Period

2336.42

DIRECT MAIL NON-FEA PARTY
RELATED**B.**

Full Name (Last, First, Middle Initial)

Direct Mail Systems

Mailing Address 12450 Automobile Boulevard

City
ClearwaterState
FLZip Code
33762-Purpose of Disbursement
Direct Mail - party related non FEA

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90915.E11532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	9

Amount of Each Disbursement this Period

1402.50

DIRECT MAIL - PARTY RELA-
TED NON FEA**C.**

Full Name (Last, First, Middle Initial)

Worcester Tornadoes

Mailing Address 303 Main Street

City
WorcesterState
MAZip Code
01608-Purpose of Disbursement
cost of tickets for fundraising event party related non-fea

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90915.E11521

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	9

Amount of Each Disbursement this Period

375.00

COST OF TICKETS FOR FUNDRAISING
EVENT PARTY RELATED
NON-FEA

SUBTOTAL of Disbursements This Page (optional)

4113.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City
Worcester

State
MA

Zip Code
01654-

Purpose of Disbursement
Office Phone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

574.16

OFFICE PHONE SERVICE

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City
Worcester

State
MA

Zip Code
01654-

Purpose of Disbursement
Office Phone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11536

Date of Disbursement

/ /

Amount of Each Disbursement this Period

640.01

OFFICE PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

1214.17

TOTAL This Period (last page this line number only)

45760.16

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City
Stoneham

State
MA

Zip Code
02180-

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11514

Date of Disbursement

M M / D D / Y Y Y Y
08 / 06 / 2009

Amount of Each Disbursement this Period

1942.95

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City
Stoneham

State
MA

Zip Code
02180-

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11539

Date of Disbursement

M M / D D / Y Y Y Y
08 / 20 / 2009

Amount of Each Disbursement this Period

1942.95

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City
Boston

State
MA

Zip Code
02131-

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11515

Date of Disbursement

M M / D D / Y Y Y Y
08 / 06 / 2009

Amount of Each Disbursement this Period

657.37

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4543.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 90915.E11540 Date of Disbursement																				
Mailing Address 34 Fresno St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">657.37</td> </tr> </table>	657.37																			
657.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL																				
B. Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90915.E11516 Date of Disbursement																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	9												
City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1315.13</td> </tr> </table>	1315.13																			
1315.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL																				
C. Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90915.E11541 Date of Disbursement																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1315.13</td> </tr> </table>	1315.13																			
1315.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL																				

SUBTOTAL of Disbursements This Page (optional)

3287.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11517

Date of Disbursement

/ /

Amount of Each Disbursement this Period

648.31

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90915.E11542

Date of Disbursement

/ /

Amount of Each Disbursement this Period

648.31

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1296.62

TOTAL This Period (last page this line number only)

9127.52

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 46 / 49

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Payment of debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

880.53

Transaction ID: LS90915.E11529

Amount Incurred This Period

0.00

Payment This Period

880.53

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Payment of debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

219.34

Transaction ID: LS90915.E11528

Amount Incurred This Period

0.00

Payment This Period

219.34

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Payment of debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

1916.25

Transaction ID: LS90915.E11527

Amount Incurred This Period

0.00

Payment This Period

1916.25

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

0.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 47 / 49

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Payment of debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

32.49

Transaction ID: LS90915.E11526

Amount Incurred This Period

0.00

Payment This Period

32.49

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

1158.44

Transaction ID: LS90513.E11264

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1158.44

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Payment of debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

328.84

Transaction ID: LS90915.E11525

Amount Incurred This Period

0.00

Payment This Period

328.84

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

1158.44

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 48 / 49

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM Associates

 Nature of Debt (Purpose):
Payment of debt for direct
mail - party related non
FEA

 Mailing Address Steve Meyers
1283 Main Street

 City State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

803.20

Transaction ID: LS90915.E11524

Amount Incurred This Period

0.00

Payment This Period

122.55

Outstanding Balance at Close of This Period

680.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-Nexis

 Nature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

 City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-Nexis

 Nature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

 City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional).....

1180.65

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 49 / 49

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Konica Minolta Business SystemsNature of Debt (Purpose):
Original Debt for printed
copies party related

Mailing Address P.O. Box 7247-0322

City State ZIP Code
Philadelphia PA 19170-0322

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90915.E11559

Amount Incurred This Period

963.43

Payment This Period

0.00

Outstanding Balance at Close of This Period

963.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
Original Debt for telemar-
keting non-fea party rela-
ted

Mailing Address 7300 Hudson Blvd. Ste

City State ZIP Code
Saint Paul MN 55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90915.E11558

Amount Incurred This Period

3679.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3679.00

1) SUBTOTALS This Period This Page (optional).....

5892.43

2) TOTALS This Period (last page this line number only).....

8231.52

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

8231.52